

Questionnaire for users of the electronic cigarette (page 3 of 3)

Questions for all (current, former, and never smokers):
The following statements describe how you feel TODAY:

Please rate yourself for TODAY :		Does the electronic cigarette produce any <u>relief</u> of these feelings?	
Desire or craving to smoke	☐ None ☐ Slight ☐ Mild ☐ Moderate ☐ Severe	Does the e-cig relieve desire or craving to smoke ?	☐ Yes, definitely ☐ Yes, a lot ☐ Yes, somewhat ☐ Maybe ☐ No ☐ Not applicable
Anxious, nervous	☐ None ☐ Slight ☐ Mild ☐ Moderate ☐ Severe	Does the e-cig relieve anxiety, nervousness?	☐ Yes, definitely ☐ Yes, a lot ☐ Yes, somewhat ☐ Maybe ☐ No ☐ Not applicable
Angry, irritable, frustrated	☐ None ☐ Slight ☐ Mild ☐ Moderate ☐ Severe	Does the e-cig relieve anger, irritability, frustration?	☐ Yes, definitely ☐ Yes, a lot ☐ Yes, somewhat ☐ Maybe ☐ No ☐ Not applicable
Depressed mood, sad	☐ None ☐ Slight ☐ Mild ☐ Moderate ☐ Severe	Does the e-cig relieve depressed mood, sadness?	☐ Yes, definitely ☐ Yes, a lot ☐ Yes, somewhat ☐ Maybe ☐ No ☐ Not applicable
Difficulty concentrating	☐ None ☐ Slight ☐ Mild ☐ Moderate ☐ Severe	Does the e-cig relieve difficulty concentrating?	☐ Yes, definitely ☐ Yes, a lot ☐ Yes, somewhat ☐ Maybe ☐ No ☐ Not applicable
Insomnia, sleep problems, awakening at night	☐ None ☐ Slight ☐ Mild ☐ Moderate ☐ Severe	Does the e-cig relieve insomnia, sleep problems, awakening at night?	☐ Yes, definitely ☐ Yes, a lot ☐ Yes, somewhat ☐ Maybe ☐ No ☐ Not applicable
Increased appetite, hungry, weight gain	☐ None ☐ Slight ☐ Mild ☐ Moderate ☐ Severe	Does the e-cig relieve increased appetite, hunger, weight gain?	☐ Yes, definitely ☐ Yes, a lot ☐ Yes, somewhat ☐ Maybe ☐ No ☐ Not applicable

Restless, impatient	None Slight Mild Moderate Severe	Does the e-cig relieve restlessness, impatience?	Yes, definitely Yes, a lot Yes, somewhat Maybe No Not applicable
Mood swings	None Slight Mild Moderate Severe	Does the e-cig relieve mood swings?	Yes, definitely Yes, a lot Yes, somewhat Maybe No Not applicable
Coughing	None Slight Mild Moderate Severe	Does the e-cig relieve coughing?	Yes, definitely Yes, a lot Yes, somewhat Maybe No Not applicable
Sore throat	None Slight Mild Moderate Severe	Does the e-cig relieve sore throat?	Yes, definitely Yes, a lot Yes, somewhat Maybe No Not applicable
Nosebleed	None Slight Mild Moderate Severe	Does the e-cig relieve nosebleed?	Yes, definitely Yes, a lot Yes, somewhat Maybe No Not applicable
Want to hold a cigarette between your fingers	None Slight Mild Moderate Severe	Does the e-cig relieve the need to hold a tobacco cigarette between your fingers	Yes, definitely Yes, a lot Yes, somewhat Maybe No Not applicable

Please answer ALL questions:

When you first started to use the electronic cigarette, for how long did you intend to use it?	I intended to use it... I didn't know at the time for 1 week for 2-3 weeks for 1 month for 2-3 months for 4-6 months for 7-11 months for 1 year for more than 1 year
Is it likely that, in <u>one month</u> from now, you will have <u>stopped</u> using the electronic cigarette?	It is very likely It is rather likely It is rather unlikely It is very unlikely

If you decided to stop using the electronic cigarette, would you be likely to succeed in stopping using it?	☐ Absolutely sure to succeed ☐ Very likely to succeed ☐ More or less likely to succeed ☐ Not very likely to succeed ☐ No chance to succeed
In the past <u>12 months</u> , have you made a <u>serious</u> attempt to stop using the electronic cigarette?	☐ Yes ☐ No
If you ever tried to stop using the electronic cigarette, how long did your most recent <u>serious</u> attempt to stop using it last?	My last <u>serious</u> attempt to stop using the e-cig lasted: v
During the first week of your last attempt to stop using the electronic cigarette, did you feel the urge to <u>use the electronic cigarette</u> ?	☐ An extremely strong urge to use the e-cig ☐ A very strong urge to use the e-cig ☐ A rather strong urge to use the e-cig ☐ A moderate urge to use the e-cig ☐ No urge to use the e-cig at all ☐ I never tried to stop using the e-cig
During the first week of your last attempt to stop using the electronic cigarette, did you feel the urge to <u>smoke</u> ?	☐ An extremely strong urge to smoke ☐ A very strong urge to smoke ☐ A rather strong urge to smoke ☐ A moderate urge to use smoke ☐ No urge to smoke at all ☐ I never tried to stop vaping

Please answer ALL questions:

For you, stopping using the electronic cigarette for good would be:	☐ Impossible ☐ Very difficult ☐ Fairly difficult ☐ Fairly easy ☐ Very easy
Do you find it difficult to refrain from using the electronic cigarette in places where it is prohibited (e.g. in a business meeting)?	☐ Yes ☐ No
Which puffs on your electronic cigarette would you hate most to give up?	☐ The first ones in the morning ☐ All others
Do you puff on your electronic cigarette more frequently during the first hours after waking than during the rest of the day?	☐ Yes ☐ No
Do you use the electronic cigarette when you are so ill that you are in bed most of the day?	☐ Yes ☐ No
Please rate your addiction to the electronic cigarette on a scale of 0 to 100: I am NOT addicted to the electronic cigarette at all = 0 I am extremely addicted to the electronic cigarette = 100	v Addiction to the e-cigarette (0-100)
How much of the time have you felt the urge to vape (=to use an electronic cigarette) today?	☐ Not at all ☐ A little of the time ☐ Some of the time ☐ A lot of the time ☐ Almost all the time ☐ All the time

How strong have the urges been today?	No urges Slight Moderate Strong Very strong Extremely strong
Please rate your sense of <u>smell</u> for today:	Very poor Poor Regular Good Very good
Please rate your sense of <u>taste</u> for today:	Very poor Poor Regular Good Very good
<i>Former smokers:</i> How would you rate your addiction to the electronic cigarette, compared with your addiction to tobacco cigarettes (when you were smoking)?	My addiction to the electronic cigarette is... Much stronger Somewhat stronger The same as Somewhat weaker Much weaker -(I am not addicted to the e-cig) ...than my addiction to tobacco cigarettes
<i>Former smokers:</i> During a typical day, how much time do you currently spend vaping, compared with the amount of time that you spent smoking (when you were smoking)?	I now spend... Much more time vaping Somewhat more time vaping The same amount of time Somewhat less time vaping Much less time vaping ...than I spent smoking (when I was a smoker)

Questions for all:

Please indicate whether you agree with each of the following statements :

<i>By "vaping" we mean taking puffs on the electronic cigarette</i>	Totally disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Fully agree
After a few hours without using the electronic cigarette, I feel an irresistible urge to vape	☐	☐	☐	☐	☐
The idea of not having any electronic cigarette causes me stress	☐	☐	☐	☐	☐
Before going out, I always make sure that I have my electronic cigarette with me	☐	☐	☐	☐	☐
I am a prisoner of the electronic cigarette	☐	☐	☐	☐	☐
I vape too much	☐	☐	☐	☐	☐
Sometimes I drop everything to vape	☐	☐	☐	☐	☐
I vape all the time	☐	☐	☐	☐	☐
I vape despite the risks to my health	☐	☐	☐	☐	☐
I am unable to stop vaping	☐	☐	☐	☐	☐
	Totally disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Fully agree
Vaping calms me down when I am stressed	☐	☐	☐	☐	☐

Vaping calms me down when I am upset	☐	☐	☐	☐	☐
Vaping helps me deal with difficult situations	☐	☐	☐	☐	☐
After vaping, I am able to concentrate better	☐	☐	☐	☐	☐
It feels so good to vape !	☐	☐	☐	☐	☐
I love vaping	☐	☐	☐	☐	☐
I fear that I will start smoking again if I stopped vaping	☐	☐	☐	☐	☐
I fear that I will gain weight if I stopped vaping	☐	☐	☐	☐	☐
	Totally disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Fully agree

Please tick the response option that indicates how well each of the following statements describes you :

		Not at all True	Somewhat True	Moderately True	Very True	Extremely True
1	After not vaping for a while, I need to vape to relieve feelings of restlessness and irritability	☐	☐	☐	☐	☐
2	Whenever I go without vaping for a few hours, I experience craving for electronic cigarettes	☐	☐	☐	☐	☐
3	After not vaping for a while, I need to vape in order to keep myself from experiencing any discomfort	☐	☐	☐	☐	☐
4	When I'm really craving an electronic cigarette, it feels like I'm in the grip of some unknown force that I cannot control	☐	☐	☐	☐	☐
5	I feel a sense of control over my use of the electronic cigarette, I can "take it or leave it" at any time	☐	☐	☐	☐	☐
6	I tend to avoid places where I cannot use the electronic cigarette, even if I would otherwise enjoy the company	☐	☐	☐	☐	☐
		Not at all True	Somewhat True	Moderately True	Very True	Extremely True
7	Sometimes I decline offers to visit with my friends because I know they would feel uncomfortable if I used the electronic cigarette	☐	☐	☐	☐	☐
9	Since the time when I became a regular user of the electronic cigarette, the amount of puffs I draw on it has either stayed the same or has decreased somewhat	☐	☐	☐	☐	☐
10	Compared to when I first started using the electronic cigarette, I need to puff on it a lot more now in order to really get what I want out of it	☐	☐	☐	☐	☐
11	Compared to when I first started using the electronic cigarette, I can take many, many more puffs now before I start to feel nauseated or ill	☐	☐	☐	☐	☐
12	It's hard to estimate how many puffs I draw per day because the number often changes	☐	☐	☐	☐	☐
13	My pattern of vaping is very irregular throughout the day. It is not unusual for me to take many puffs in an hour, then not have another puff until hours later	☐	☐	☐	☐	☐
		Not at all True	Somewhat True	Moderately True	Very True	Extremely True
14	The number of puffs I take per day is often influenced by other factors - how I'm feeling, what I'm doing, etc.	☐	☐	☐	☐	☐
15	I vape at different rates in different situations	☐	☐	☐	☐	☐
16	My vaping is <u>not</u> much affected by other things. I vape about the same whether I'm relaxing or working, happy or sad, alone or with others, etc.	☐	☐	☐	☐	☐

17	My vaping is fairly regular throughout the day	☐	☐	☐	☐	☐
18	I vape consistently and regularly throughout the day	☐	☐	☐	☐	☐
19	I take about the same amount of puffs on my electronic cigarette on weekends as on weekdays	☐	☐	☐	☐	☐
		Not at all True	Somewhat True	Moderately True	Very True	Extremely True

Please answer the following questions based on how you have felt or what you have noticed over the last 24 hours.

Answer based on how you have felt in general during this time :

	Strongly disagree	Disagree	Feel neutral	Agree	Strongly agree
I have had frequent urges to vape	☐	☐	☐	☐	☐
I have been bothered by the desire to use an electronic cigarette	☐	☐	☐	☐	☐
I have thought about vaping a lot	☐	☐	☐	☐	☐
I have trouble getting electronic cigarettes off my mind	☐	☐	☐	☐	☐
The only thing I can think about is vaping	☐	☐	☐	☐	☐
I miss electronic cigarettes terribly	☐	☐	☐	☐	☐
I feel an irresistible need to vape	☐	☐	☐	☐	☐

Comments on this survey, or further description of you experience with e-cigarettes:

Please click below to send your answers: